

DRAFT
Items for Total Exposure Study Questionnaire

This document presents items to be used in designing a questionnaire for the Total Exposure Study. The items included here, in addition to determining study eligibility, will collect information that is needed to address the primary and secondary objectives as identified in the study design:

Primary objective – To determine the exposure to selected components of whole cigarette smoke of the U.S. population of cigarette smokers based on suitable biomarker(s) and publish results by 12/31/2001.

Secondary objective - To investigate whether the smoke exposure of US smokers if cigarettes in 5 segments of tar delivery covering the whole US cigarette market differs.

These items were compiled based on input from scientists in WSA who indicated what information should be collected and what the exclusion criteria were. As indicated in the study design subjects who exhibit the following characteristics are to be excluded from the study:

- Use of non-tobacco nicotine products;
- Diseases which could interfere with the measured health effect surrogates;
- Workplace cadmium exposure;
- Pregnant women;
- Persons of less than 20 years of age

The items are based on questions from major studies that includes the following:

1986 IARC – International Agency for Research on Cancer

1986 AUT – Adult Use of Tobacco Survey

BRFSS – Behavioral Risk Factor Surveillance System

1999 NHIS – National Health Interview Survey

Determining eligibility will be a two step process including a telephone screening interview and an initial interview. Subjects who remain eligible after the first interview will be given instructions at the end of the interview for urine collection and will be told to return all used cigarette butts from that point until they return (within 24 hrs) for the final interview.

Telephone interview: The purpose of this interview is to provide an initial assessment of a subject's eligibility for the study. Subjects will be deemed ineligible during the telephone interview if they meet any of the following criteria:

- Less than 20 years of age
- Are pregnant (females)
- Use a non-tobacco nicotine product
- Smoke a tobacco product other than cigarettes

Subjects who meet the initial screening criteria will then be asked to come to a site for the first interview. The interview itself will be staff-administrated.

Interview: Part I

Subjects will be asked questions pertaining to demographics, medical history, smoking history, occupational and other chemical exposures. This component of the interview will determine eligibility of subjects for further participation in the study based on occupational and other exposures.

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Subjects who are deemed ineligible for further participation at the end of the first interview will be those who:

- Have certain occupational exposures
- Have quit smoking within the past six months
- Have medical conditions which preclude participation
- Are taking certain medications

Persons who remain eligible will be asked to return for a second interview within 24 hours. They will be given instructions for urine collection and for return of cigarette butts and packs.

Interview: Part II

The subject will undergo a medical examination that will include:

When the medical examination is complete, the second part of the interview will be conducted. During this phase of the interview process, the subject will be asked detailed questions on smoking, household heating, physical activity, and ETS exposure.

The items for the questionnaire are outlined as follows:

Screening

- Age
- Pregnancy status
- Smoking status and type
- Use of non-tobacco nicotine products
- Exposure to other chemicals

Interview: Part I

- Demographics
- Medical history
- Cigarette Use
- Occupational exposures
- Other chemical exposures

Interview: Part II

- Home heating systems
- Diet
- Alcohol use
- Medications and vitamins
- Physical Activity
- Environmental tobacco smoke exposure
 - Household exposure
 - ETS indoors, in places other than the home, work premises, vehicles
- Cigarette information
 - Assessment
 - Butts/Packs

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TELEPHONE SCREENING

Purpose: To determine whether subjects meet the basic eligibility criteria.

Method: Telephone interview

ITEM	ACTION	SOURCE
What is your age? And your gender is? (Male or Female)	If age is less than 20 terminate interview	
<i>If age is > 20 less than female and sex is female:</i> Are you currently pregnant or nursing? (Yes No)	If yes, terminate interview	1999 NHIS
Do you now smoke: Cigarettes (Yes No) Cigars (Yes No) Pipe (Yes No)	If yes to Cigars and/or Pipe, ineligible	Modified AUT
Have you ever smoked (PRODUCT) on a regular basis: Cigarettes (Yes No) Cigars (Yes No) Pipe (Yes No)		Modified AUT
How long many years or months has it been since you smoked: Cigarettes _____ months Cigars NUMBER OF years Pipes	If 6 months or less for other than cigarettes, then ineligible	
Do you chew tobacco or snuff? Tobacco (Yes No) Snuff (Yes No)		
Have you ever chewed (PRODUCT) on a regular basis? Tobacco (Yes No) Snuff (Yes No)	If "No" to both, go to question re: use of non-tobacco nicotine products.	
How long has it been since you chewed Tobacco (Months/Years) Snuff (Months/Years)		
Are you currently using any non-tobacco nicotine products such as (patch, gum, etc.)?	If yes, terminate interview	

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INTERVIEW: PART I

Purpose: To obtain demographic profile, medical history and determine cigarette smokers and non-smokers. For cigarette smokers, determine weekday versus weekend cigarette use. Instructions will be given regarding sample collection, cigarette butt and pack collection for return on next visit. At this stage, subjects will be ineligible if they smoke multiple products, use non-tobacco nicotine products, or are exposed to specific chemicals that interfere with biomarker measures. At the end of the interview, subjects will receive instructions for sample, cigarette butt and pack collections for their return visit. They will be asked to bring in all of their prescribed and other (non-traditional) medicines.

Method: Staff administered

ITEM	ACTION	SOURCE
Demographics		
What is your sex/gender? (Male, Female)		
What is your date of birth? (mm/dd/yy)		
What is your race/ethnicity? White/Caucasian Black/African American Asian /Pacific Islander Native American Indian, Alaska Native Aleut -Or Other (specify) _____ <small>Note: Adult Use of Tobacco Survey uses only three designations: White, Black and Other</small>		2000 BRFSS
Are you of Spanish or of Hispanic origin?		2000 BRFSS
Are you: Married/Cohabitating Divorced Widowed Separated Never been married -Or A member of an unmarried couple	<small>Edits are consistent with NTIS study. However, since objective is to assess exposure, would consider including status of "Separated."</small>	2000 BRFSS
What is the highest grade or year of school you completed? Never attended school or only attended kindergarten Grades 1 through 8 (Elementary) Grades 9 through 11 (Some high school) Grade 12 or GED (High school graduate) College 1 year to 3 years (Some college or technical school) College 4 years or more (College graduate)		
Are you currently: Employed for wages Self-employed Out of work for more than 1 year Out of work for less than 1 year Homemaker Student Retired		2000 BRFSS

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Or Unable to work		
<u>In what industry are you employed?</u>	<u>Adams/Jones to provide an industry list.</u> <u>Can possibly screen-out persons with</u> <u>certain occupational exposures.</u>	
<u>What is your title?</u>		
<u>And what are your activities on this job?</u>		

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ITEM	ACTION	SOURCE
Demographics		
Is your annual household income from all sources:		2000 BRFSS
<p>a. Less than \$25,000 (\$20,000 to < \$25,000) b. Less than \$20,000 (\$15,000 to < \$20,000) c. Less than \$15,000 (\$10,000 to < \$15,000) d. Less than \$10,000 e. Less than \$35,000 (\$25,000 to < \$35,000) f. Less than \$50,000 (\$35,000 to < \$50,000) g. Less than \$75,000 (\$50,000 to \$75,000) h. \$75,000 or more</p>		
Medical History		
Place a check-mark by the following diseases or conditions for which you have ever been diagnosed by a doctor.		CPS II
High blood pressure	Hay fever	
Heart disease	Asthma	
Stroke	Stomach ulcer	
Diabetes	Duodenal ulcer	
Gall stones	Diverticulosis	
Chronic indigestion	Rectal polyps	
Kidney stones	Colon polyps	
Bladder disease	Thyroid condition	
Cirrhosis of the liver	Arthritis	
Tuberculosis	Breast cysts	
Chronic bronchitis	Gynecological problems	
Cancer	Sickle Cell Disease	
Emphysema	Hepatitis	
Any other serious disease (specify)		
For each condition or symptom, indicate the following:		
<ul style="list-style-type: none"> • Treatment or Complications • Status: Ongoing; Inactive or recovered • Date of onset • Date of resolution 		
Describe any family history or genetic concerns. (Please list family member in relation to self (i.e., mother) and name of condition (diabetes))		
List all prescriptions and over-the-counter medications that you take and prescribed times for taking them.		
Smoking History Use		
Are you currently using any non-tobacco nicotine products such as (patch, gum, etc.)?	If yes, ineligible	

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Do you now smoke: Cigarettes Cigars Pipe	(Yes No)	If yes to Cigars and/or Pipe, ineligible	Modified AUT
Have you ever smoked (PRODUCT) on a regular basis: Cigarettes Cigars Pipe	(Yes No)		Modified AUT

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Source: <https://www.industrydocuments.ucsf.edu/docs/vzni0001>

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<p>more than (Number in <u> </u>) cigarettes a day, less than (Number in <u> </u>) cigarettes a day or about (Number in <u> </u>) cigarettes a day?</p> <p><u>More than</u> <u>Less than</u> <u>About the same</u> <u>Don't know</u></p>		
<p><u>And would you say that, over the weekend, you smoke (insert amount from above):</u></p> <p><u>Fairly evenly throughout the day?</u> <u>More in the morning? Or</u> <u>More in the afternoon? Or</u> <u>More in the evening?</u></p> <p><u>On the average, how many cigarettes do you smoke a day on the weekend?</u></p> <p>No. of packs per day: _____ No. of cigarettes per day: _____ None Less than one cigarette per day: _____</p> <p><u>Let's see, at 20 cigarettes per pack, that makes (NUMBER) of cigarettes per day, is that correct?</u> (Yes No)</p>		
<p>Was there ever a <u>time</u> period when you smoked MORE than (Number in <u> </u> or <u> </u>, whichever is larger) cigarettes a day?</p> <p>Yes No Don't know</p> <p><u>If Yes, continue with Question</u></p> <p>During the period that you smoked more cigarettes than you currently do, would you say that you smoked (Note: Only give options that are greater than what currently smoke):</p> <p><u>Less than 1/2 pack per day?</u> <u>1/2 to 1 pack per day?</u> <u>1 1/2 pack per day</u> <u>More than 1 1/2 but less than 2 packs per day?</u> <u>2 - 2 1/2 packs per day</u> <u>More than 2 1/2 packs per day?</u></p> <p>when you were smoking the most, how many cigarettes did you usually smoke a day?</p> <p>No. of packs per day: _____ No. of cigarettes per day: _____ Don't know _____</p> <p><u>Let's see, at 20 cigarettes per pack, that makes (NUMBER) cigarettes per day, is that correct?</u> (Yes No)</p>		

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ITEM	ACTION	SOURCE
Cigarette Use		
<u>And when was it that you smoked (Enter response for how many smoked when smoked more)?</u> <u>Was it</u> <u>1 to 3 months ago</u> <u>Greater than 3 but less than 6 months ago</u> <u>6 months to a year ago?</u> <u>More than one year ago?</u> <u>Approximately how long ago was it that you stopped smoking (NUMBER) of cigarettes a day?</u> <u>Days</u> <u>NUMBER OF Weeks</u> <u>Months</u> <u>Years</u> <u>Was there ever a time that you smoked less cigarettes per day?</u> <u>Yes</u> <u>No</u> <u>If Yes, ask:</u> <u>During the period that you smoked less cigarettes than you currently do, would you say that you smoked (Note: Only give options that are less than what currently smoke):</u> <u>Less than 1/2 pack per day?</u> <u>1/2 to 1 pack per day?</u> <u>1 1/2 pack per day</u> <u>More than 1 1/2 but less than 2 packs per day?</u> <u>2 - 2 1/2 packs per day</u> <u>More than 2 1/2 packs per day?</u> <u>And when was it that you smoked (Enter response for how many smoked when smoked less)?</u> <u>Was it</u> <u>1 to 3 months ago</u> <u>Greater than 3 but less than 6 months ago</u> <u>6 months to a year ago?</u> <u>More than one year ago?</u>		
<u>What is the full name of your preferred brand of cigarettes?</u> <u>Are they (Please circle all that apply)</u> <u>Ultra Lights, Lights, Milds, Medium or Full Flavor:</u> <u>Menthol or Non-Menthol (Regular)</u> <u>Kings, 100s, or 120s;</u> <u>Box or Soft Pack</u> <u>Filtered or Non Filtered</u> <u>do you usually smoke now? (IF RESPONDENT ANSWERS WITH MORE THAN ONE BRAND,</u>	<u>Adams/Jones to provide brand list with tar levels.</u> <u>Resolution needed on use of 4 or 5 tar levels: full, low, ultra low, and super low vs> ultra lights, lights, milds, medium, and full flavor.</u>	

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PROBE FOR BRAND SMOKE MOST OFTEN.			
<u>BRAND SMOKED</u> Scented/Herbal Generic Rolled own cigarettes			
Approximately how long have you been smoking (BRAND)'s			
<u>NUMBER OF</u>		<u>Days</u> <u>of weeks</u> <u>Months</u> <u>Years</u>	
Don't know			
<u>Do you currently smoke an alternate brand?</u>			
<u>If Yes,</u> <u>Are they (Please circle all that apply)</u> <u>Ultra Lights, Lights, Milds, Medium or Full</u> <u>Flavor:</u> <u>Menthol or Non-Menthol (Regular)</u> <u>Kings, 100s, or 120s;</u> <u>Box or Soft Pack</u> <u>Filtered or Non Filtered</u>			
<u>If Yes,</u> <u>Are they (Please circle all that apply)</u> <u>Ultra Lights, Lights, Milds, Medium or Full</u> <u>Flavor:</u> <u>Menthol or Non-Menthol (Regular)</u> <u>Kings, 100s, or 120s;</u> <u>Box or Soft Pack</u> <u>Filtered or Non Filtered</u>			
<u>What would you say is the percent of time that you smoke your preferred brand?</u>			
<u>Less than 25% of the time</u> <u>25 - 49% of the time</u> <u>About 50% of the time</u> <u>51 - 75% of the time</u> <u>76 - 99% of the time?</u> <u>All of the time?</u>			
Before the [(BRAND(S))]s that you smoke now, what brand did you smoke? <u>Were they (Please circle all that apply)</u> <u>Ultra Lights, Lights, Milds, Medium or Full</u> <u>Flavor:</u> <u>Menthol or Non-Menthol (Regular)</u> <u>Kings, 100s, or 120s;</u>			

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<u>Box or Soft Pack</u>		
<u>Filtered or Non Filtered</u>		
<p style="text-align: center;">BRAND NAME</p> <p>Scented/herbal Generic Rolled own cigarette Always smoked same brand Don't know</p>		
When you smoked (PREVIOUS BRAND)'S did you smoke more than, less than, or about the same number of cigarettes per day as you smoke now?		
More than Less than About the same <u>Don't remember/know</u>		
<u>Do you use snuff now?</u> (Yes No)		
Have you ever used snuff on a regular basis? (Yes No)		
How many years or months has it been since you used snuff? _____ months <u>NUMBER OF</u> _____ years		
<u>Do you chew tobacco now?</u> (Yes No)		
Have you ever chewed tobacco on a regular basis? (Yes No)		
How many years or months has it been since you chewed tobacco? _____ months <u>NUMBER OF</u> _____ years		

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Items for Total Exposure Study Questionnaire

INTERVIEW: PART II

Purpose: To obtain detailed information on dietary habits, physical exercise, cigarette type and cigarette smoke exposure among remaining smokers and non-smokers

Method: Staff administered

DIET (DIARY?)

ITEM	ACTION	SOURCE
How would you describe the place you have lived for the longest during your adult life?		Fontham
1. Farm 2. Rural areas, nonfarm 3. Small town (<20,000 population) 4. Large town (20,000-49,999 population) 5. Metropolitan area (50,000 or more population)		
How would you describe the place you currently live?		
1 Farm 2 Rural areas, nonfarm 3 Small town (<20,000 population) 4 Large town (20,000-49,999 population) 5 Metropolitan area (50,000 or more population)		
What is the usual method of heating that has been used in your home or homes during your adult life?		
1. wood-burning stove 2. natural gas 3. coal 4. electricity 5. fuel oil furnace 6. other, specify		
Diet (DIARY?)		
On the average, how many days per week do you eat the following foods? (If less than once a week, but at least twice a month, write $\frac{1}{2}$.)	<u>Will include questions that reflect childhood diet (e.g., Growing up would you say that you typically ate)</u>	CPS II
Beef	Cabbage/Broccoli/Brussel sprouts	
Pork	Raw vegetable	
Chicken/Poultry	Carrots	
Liver/Veal	Squash/Corn	
Ham/Wild Game	Citrus fruits/juices	
Fish/Seafood	Spaghetti/Macaroni/White rice	
Smoked meats	White bread/Rolls/Biscuits	
Frankfurters/ Sausage	Brown rice/Whole wheat/Barley	
Butter	Bran/Corn muffins	
Margarine	Potatoes	
Cheese	Oatmeal/Shredded wheat/Bran	
Eggs	Cold (Dry) cereals	
Green leafy vegetables	Ice cream	
Tomatoes	Chocolate	

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How many days a week do you eat the following foods?																																																																				
Fried eggs	French fries																																																																			
Fried bacon	Fried hamburgers or beef																																																																			
Fried chicken/fish	Other fried foods																																																																			
DO NOT EAT FRIED FOODS																																																																				
Do you eat a vegetarian diet? (Yes No)																																																																				
If "yes," what type and for how many years? _____																																																																				
Has there been a major change in your diet in the last 10 years? (Yes No)																																																																				
If "yes," what was the change?																																																																				
Do you now or have you ever added artificial sweeteners (saccharin or cyclamates) to coffee, tea, or other drinks or food?																																																																				
Yes, currently formerly Never																																																																				
If ever used artificial sweeteners, indicate amount per day and for how long.																																																																				
packets:	No. per day:	Years:																																																																		
Drops	No. per day	Years:																																																																		
Tablets:	No. per day:	Years:																																																																		
Do you get your drinking water from: City supply Private well Other, specify _____																																																																				
Do you add any substances to soften your drinking water? (Yes No)																																																																				
How many cups, glasses, or drinks of these beverages do you usually drink a day, and for how many years? (If you no longer drink a listed beverage, or your pattern has changed in the last ten years, indicate previous and current amounts. If less than once a day, but at least three times a week, write $\frac{1}{2}$.)																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding-bottom: 5px;">Beverages</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Currently</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Previously</th> </tr> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Amt.</th> <th style="text-align: center; border-bottom: 1px solid black;">Yrs</th> <th style="text-align: center; border-bottom: 1px solid black;">Amt</th> <th style="text-align: center; border-bottom: 1px solid black;">Yrs</th> </tr> </thead> <tbody> <tr> <td>Whole milk (skim milk)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Caffeinated coffee</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Decaffeinated coffee</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Caffeinated Tea</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Decaffeinated Tea</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Diet soda/ diet iced tea</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Non-diet colas</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other non-diet soft drinks</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Beer</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wine</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hard liquor</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Beverages	Currently		Previously		Amt.	Yrs	Amt	Yrs	Whole milk (skim milk)					Caffeinated coffee					Decaffeinated coffee					Caffeinated Tea					Decaffeinated Tea					Diet soda/ diet iced tea					Non-diet colas					Other non-diet soft drinks					Beer					Wine					Hard liquor							
			Beverages	Currently		Previously																																																														
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Beer																																																																				
Wine																																																																				
Hard liquor																																																																				
ALCOHOL USE																																																																				
In any one year, have you had at least 12 drinks of any type of alcoholic beverage? (Yes No)		If yes, GO TO		1999 NHIS																																																																
In your entire life, have you had at least 12 drinks of any type of alcoholic beverage? (Yes No)		If No, GO TO																																																																		

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In the past year, how often did you drink any type of alcoholic beverage? <input type="text"/> Number of days – Indicate time period (Week, month, year)		
In the past year, on those days that you drank alcoholic beverages, on the average, how many drinks <u>would you say that you consumed on the average did you have?</u> <input type="text"/> Was that 1 drink per day <input type="text"/> 2 drinks per day? <input type="text"/> 3 - 4 drinks per day. <input type="text"/> More than 5 drinks per day. How many days did you consume <input type="text"/> drinks per day?		
<u>Weekends differ?</u>		
In the past year, on how many days did you have 5 or more drinks of any alcoholic beverage <input type="text"/> Number of days – Indicate time period (Week, month, year)		
How tall are you without shoes? Feet <input type="text"/> Inches <input type="text"/>		
How much do you weigh without shoes?		
MEDICATIONS AND VITAMINS		
How many times in the last month have you used the following and how long have you used them? (If none, write 0; if used only occasionally, write ½.)		
Medications and vitamins	Times	Years
Aspirins, Bufferin, Anacin		
Tylenol		
Vitamin A		
Vitamin C		
Vitamin E		
Multi-vitamins		
Blood pressure pills		
Diuretics (water pills)		
Thyroid medications		
Heart medications		
Anti-acid medications		
Valium		
Librium		
Prescription sleeping pills		
Tagamet (for ulcers)		

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<u>Allergy Medication</u> <u>Herbal or other Dietary</u> <u>Supplements</u> <u>(Please List)</u> Other: _____ _____				
For each medication bottle returned, indicate the following: <ul style="list-style-type: none">• Name• Dosage• Strength• Regimen• Disease/condition for which prescribed• Length of time taking medication				

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ITEM	ACTION	SOURCE
PHYSICAL ACTIVITY		
Describe any hobbies or extracurricular activities that you participate in. For each, describe how often you engage in each hobby or extracurricular activity.		
How often do you engage in vigorous activities for at least 10 minutes <u>duration</u> that cause heavy sweating or large increases in breathing or heart rate? Never ____ (Number) - times per <u>Indicate time period</u> <u>(Day, Week,</u> ____ month, or year) Unable to do this type of activity	If never, GO TO	1999 NHIS
About how long do you engage in these vigorous activities each time? ____ - Time period (minutes, hours)		
How often do you do light or moderate activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate? Never ____ (Number) times per <u>Indicate time period</u> <u>(Day, Week,</u> ____ month, or year)		
About how long do you engage in these light or moderate activities each time? ____ Number - Indicate time period (Week, month, year)		
How often do you engage in physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.) ____ (Number) -times per <u>Indicate time period</u> <u>(Day, week,</u> ____ month, year)		

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Items for Total Exposure Study Questionnaire

ITEM	ACTION	SOURCE
ENVIRONMENTAL TOBACCO SMOKE EXPOSURE		
HOUSEHOLD EXPOSURE		
Determine marital or living status	If married or living with someone in a marital type relationship then proceed with ETS questions	COMAC-EPID (IARC)
For each marital/cohabiting relationship, determine the following: <ul style="list-style-type: none"> • Time period • What was smoked • Amount smoked • How often smoked in interviewee's presence • Amount of products (cigarettes, cigars, pipes, etc.) smoked in interviewee's presence on weekdays and holidays/weekends. • Number of hours exposed to tobacco smoke on average on weekdays and holidays/weekdays 	Should differentiate between those who smoke inside their homes vs. those who do not.	
For others who smoke in the same house or visited regularly other than the spouse, determine the following: <ul style="list-style-type: none"> • Relationship • Time period • What was smoked • How often smoked in presence of interviewee • Amount of products (cigarettes, cigars, pipes, etc.) smoked in interviewee's presence on weekdays and holidays/weekends. • Number of hours exposed to tobacco smoke on average on weekdays and holidays/weekdays 	<u>Smoke inside or outside?</u>	
<u>How many of your friends smoke? Would you say</u> <u>None</u> <u>Some</u> <u>Most</u> <u>All</u>		
<u>How many times per week do you visit these friends in their homes?</u>		
<u>Of the friends whom you visit, do they have friends/spouses/significant others who smoke?</u> <u>Yes</u> <u>No</u>		
<u>How many in your friends households smoke?</u> <u>None</u> <u>Some</u> <u>Most</u> <u>All</u>		
<u>Have you ever switched to a reduced tar/nicotine cigarette? If Yes, How Many Times?</u>		

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<u>If smoke cigarettes with a filter, ask:</u>		
<u>Do you ever remove the filter or your cigarette before smoking?</u>		
<u>Do you ever modify your cigarette or way of smoking (e.g., cover dilution holes, etc.)</u>	<u>Adams/Jones to research literature and find how asked.</u>	
<u>Typically when you smoke, how much of your cigarette is left unsmoked?</u>	<u>Determine whether typically smoke down the rod: 3/4 length; 1/2 or less.</u>	<u>How often does that occur?</u>
<u>Do you often have cigarettes burn up in the ashtray?</u>		
<u>Is that after smoking most, some or very little?</u>		
<u>And what percent of time does this happen?</u>		
<u>How deeply do you inhale? Do you:</u> <u>Just puff; don't really inhale at all</u> <u>Inhale into the chest, but not too deeply</u> <u>Inhale into the chest deeply?</u>	<u>Should try to determine if inhale the same way all the time or if they vary depth of inhale. (e.g., puff the last half but inhale first half).</u>	
EXPOSURE IN VEHICLES		
<u>Do you typically smoke</u> <u>In your car with family or friends?</u> <u>Inside your car when alone?</u>		
<u>Have you ever (lifetime) traveled daily or at least a couple of times per week by car, train, bus or other enclosed vehicle which was smoky (or where you could at least smell tobacco smoke) most of the time?</u> <u>(YES NO)</u>	If no GO TO	
<u>If yes, for each age (age?) range determine the following:</u> <ul style="list-style-type: none"> • Type of vehicle (Car, train, Bus/tram, other) • Number of hours per day or week in the vehicle while exposed to smoke • Indicate smoke intensity in the vehicle (Very smoky, fairly smoky or a little smoky) 		
ETS INDOORS, IN PLACES OTHER THAN THE HOME, WORK PREMISES OR VEHICLES e.g., restaurants, bars, pubs, cinemas, theaters, friends' homes, etc.		
<u>Have you ever spent regularly (at least once a week) some time in a smoky place (or where you could at least smell tobacco smoke) indoors other than at home or at work.</u> <u>(YES NO)</u>	<u>Need to include work exposure (e.g., Smoke at work at desk or workstation; Smoke at work inside designated smoking area; Smoke outside in designated smoking area)</u>	
<u>Have you ever spent regularly (at least once a week) some time in a smoky place (or where you could at least smell tobacco smoke) indoors other than at home or at work.</u> <u>(YES NO)</u>		

ITEM	ACTION	SOURCE
ENVIRONMENTAL TOBACCO SMOKE EXPOSURE		
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WORK EXPOSURE

If yes indicate where exposure took place and for each exposure determine the following:

- Time period
- Number of hours per week exposed to tobacco smoke in this place
- Smoke intensity (Very, fairly or a little smoky)

Have you ever worked in an indoor place were you were exposed to tobacco smoke? (Yes No)

If NO GO TO

If yes, for each job where the subject was exposed to ETS, determine:

- Time period
- Smoke intensity (Very, fairly or a little smoky)
- Number of hours/day on average exposed to tobacco smoke at work, including time spent at the canteen or during breaks?
- Growing up, did your parent(s) or caretaker(s) smoke?

CIGARETTE INFORMATION

Cigarette butt:

- Determine the number of butts returned
- Determine the brand name(s) of the butts
- Determine whether there are cigarette butts that were not returned

Cigarette packs:

- Determine the number of packs returned
- Using each pack, determine the:
 - Brand name
 - "Tar" and nicotine yield (FTC listing)
 - Mentholation
 - Filter type
 - Circumference
 - Cigarette length
 - Box or Soft Pack
- Determine agreement between number of cigarette butts and number of packs

Determine number of cigarettes smoked during the two days prior to and during the day of urine sample collection

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Items for Total Exposure Study Questionnaire

ITEM	ACTION		SOURCE	
Exposure to Chemicals From Other Sources				
For the following list of substances indicate whether the subject has had contact with it or used it outside of work.				Fontham (modified)
SUBSTANCES	CONTACT	If yes, during what years was this?		How would you describe your contact? 1. Regular, low 2. Occasional, low 3. Regular, moderate 4. Occasional, moderate 5. Regular, high 6. Occasional, high
		From: 19	To:	
Paints, lacquers or stains	Yes No			
Fabric dyes	Yes No			
Inks	Yes No			
Wooddust/sawdust	Yes No			
Cotton or other textile fibers or dust	Yes No	—	—	—
Insecticides or garden sprays	Yes No	—	—	—
Petrochemical plant emissions	Yes No	—	—	—
Grain elevator dust	Yes No	—	—	

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